STARK COUNTY
CHILD FATALITY REVIEW
2015

"Children are the world's most valuable resource and its best hope for the future"

-John F. Kennedy-

This report includes **preliminary data** from Ohio Department of Health for those deaths of children across Ohio in 2015 as reported to the State Health Department by April 1, 2016. Please be aware that data statistics may change as additional child and infant deaths are entered into the national system.

Local statistics may change if additional death certificates were filed with local registrars after March 1, 2016. Additionally, cases under open investigation with law enforcement are unable to be reviewed until the case is closed. Therefore, any open investigations are only included as Pending Investigation statistics in this report. Of the 32 deaths in Stark County in 2015, 31 deaths are included in the calculations throughout this report.

For further information regarding the local data in this report, please contact Christina L. Gruber RN, BSN, MS, Unit Manager, Stark County CFR Coordinator at 330.493.9928, ext. 245. Further information regarding statewide data can be found on the Ohio Department of Health website at www.odh.ohio.gov or email cfr@odh.ohio.gov.

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STARK COUNTY CHILD FATALITY REVIEW BOARD MEMBERS

BOARD CHAIR:

Stark County Health Department…….	Kirkland Norris, RS, MPH*; Health Commissioner*

BOARD MEMBERS:

Canton City Health Department……..	James Adams, RS, MPH*; Health Commissioner*
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Stark County Health Department……...	Kay Conley, MPA, CHES; *Director of Administration and Support Service*
Stark County Sheriff's Office……	Ron Springer; *Lieutenant*
Stark Metropolitan Housing Authority……	Robin Mingo-Miles; *Director of Resident and Community Affairs*

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Stark County Health Department……..	Sherry Smith, RN, BSN, MS; *Director of Nursing*
Kent State University……	Keree McGuire; *Student Intern*

FETAL INFANT MORTALITY (F.I.M.R.) CASE REVIEW TEAM

TEAM MEMBERS:

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Pregnancy Choices……	Candi Durbin; BSN, *Medical Services Director*
Aultman Hospital……..……..	Debra Eppley; BSN, RN; *Cerner Sr. Clinical Consultant*
Mercy Medical Center…….……	Stacy Kovacs; RN, MSN; Director*, Maternal/Child Services*
Stark County Help Me Grow……	Anju Mader, MD; *Director*
Union Baptist……	Odette Martin, RN; *First Lady Union Baptist*
Aultman Hospital…….	Anne Paliswat; MSN, RN, NE-BC; *Vice President Nursing Administration*
Stark County Help Me Grow……	Kristen Quicci, RN, BSN, *Early Intervention Contract Manager*
Stark County Health Department…….	Sherry Smith, RN, BSN, MS; *Director of Nursing*
Canton City Health Department……..	Diane Thompson; RN, MSN, *Director of Nursing*
Stark County Coroner……..	Rick Walter, *Investigator*
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North Canton Medical Center…..……	Gina Kicos, MSN, FNP-BC
Aultman Hospital…….	Melinda Wiles, RN, MSN, CPLC; *Outreach and Bereavement Coordinator*
Mercy Medical Center…….……	Linda Heitger, RN, BA, BSN
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SUPPORT STAFF:

Canton City Health Department……..	LaToya Dickens, RN, MSN, FNP, ACNP-BC, *F.I.M.R. Coordinator*

BOARD CHAIR COMMENTS

Public Health
Prevent. Promote. Protect.

Over the past five years it has been an honor and a privilege to work with a group of dedicated professionals from public health, children services, healthcare, law enforcement, safety forces, mental health, and other social and community service agencies to accomplish a very important assignment. That assignment being the review of child deaths, under the age of 18, and to make recommendations to the community for prevention initiatives.

As the Health Commissioner for the Stark County Combined General Health District, I am proud to report on the progress our community has made in its efforts to reduce the number of deaths of our children. **Figure 1** on page eight of this report shows the total number of child deaths per year over the past 16 years. During 2015, our community had the lowest number of child deaths reported since the inception of the Child Fatality Review Board in 2000. The 32 deaths filed with registrars across the State of Ohio is a large decrease from the 61 deaths reported in 2012. We have seen a steady decrease in both the total number of deaths and those caused by accidents over the past several years.

In the *2015 Stark County Community Health Needs Assessment*, Community Health Leaders and residents from across Stark County ranked the health issues in our community according to those they believed to be most important. In this assessment, Access to Healthcare was listed as the most important health related issue in our community followed by: Mental Health Issues which ranked second; Obesity and Lack of Healthy Lifestyle Choices ranked third; Opiate Use ranked fourth; and Infant Mortality ranked as the 5th most important health issue in Stark County. With Infant Mortality being ranked in the top five most important health concerns of our county and a major concern of this board, we have dedicated a large portion of this report to address this topic.

Most recently the board reviewed the deaths of children that occurred during 2015. Detailed information from these reviews can be found in this report including the boards recommendations to the community for prevention of future deaths. Please join us in helping to implement these recommendations across the county to prevent further needless child deaths from occurring.

PROTECTING HEALTH
SC DEPT
SINCE 1920

Sincerely,

Kirkland Norris, MPH
Health Commissioner Stark County Health Department

NATIONAL CHILD FATALITY REVIEW

The primary goal of the Child Fatality Review (CFR) process is to reduce the incidence of preventable child deaths in Stark County through a detailed comprehensive local review of the circumstances surrounding the deaths to all children in our community. These reviews are completed by a multidisciplinary team made up of representatives from various local agencies. It's our hope that through this process of reviews and recommendations we can raise community awareness about the circumstances surrounding preventable child deaths and ultimately eliminate or decrease these deaths from continuing to occur.

The Objectives of Child Death Review- *(The National Center for the Review and Prevention of Child Deaths)*

1. Ensure the accurate identification and uniform, consistent reporting of the cause and manner of every child death.
2. Improve communication and linkages among local and state agencies and enhance coordination of efforts.
3. Improve agency responses in the investigation of child deaths.
4. Improve agency response to protect siblings and other children in the homes of deceased children.
5. Improve criminal investigations and the prosecution of child homicides.
6. Improve delivery of services to children, families, providers and community members.
7. Identify specific barriers and system issues involved in the deaths of children.
8. Identify significant risk factors and trends in child deaths.
9. Identify and advocate for needed changes in legislation, policy and practices and expanded efforts in child health and safety to prevent child deaths.
10. Increase public awareness and advocacy for the issues that affect the health and safety of children.

Ohio Child Fatality Law (Ohio Revised Code: 307.621-307.629)

In 2000, legislation was enacted that required every county in Ohio to create a Child Fatality Review Board to review the deaths of all children under the age of 18. The ultimate purpose of the Child Fatality Review Board is to decrease the incidence of preventable child deaths by:

- Promoting cooperation, collaboration, and communication between all groups, professions, agencies, and entities that serve families and children.
- Maintaining a comprehensive database of all fetal and child deaths that occur in Stark County in order to develop an understanding of the causes and incidence of those deaths.
- Making recommendations to local agencies for the development of new programs and changes to current programs that will help to prevent fetal and child deaths.
- Advising the Ohio Department of Health of aggregate data, trends, and patterns concerning child deaths.

SUMMARY OF DEATHS

There were a total of 32 deaths of infants and children, under the age of 18, reported in 2015. This is the lowest number of deaths to Stark County children since the Child Fatality Review process began in 2000. The bar graph to the right **(Figure 1)** shows the total number of deaths from 2000 through 2015, with 2015 appearing in green. One case was unable to be reviewed in detail due to its pending status with the local coroner's office. For the purposes of this report only those cases that could be reviewed will be reported beyond this summary of deaths.

The following are characteristics of the **31 deaths** reviewed for 2015:

- 48% Male
- 22% African American
- 64% were less than 1 year of age
- 19% were 15-17 years of age
- **Table 1** and **Figure 2** show the breakdown of child deaths during 2015 by manner of death and age.

Figure 1: Total Child Deaths 2000-2015

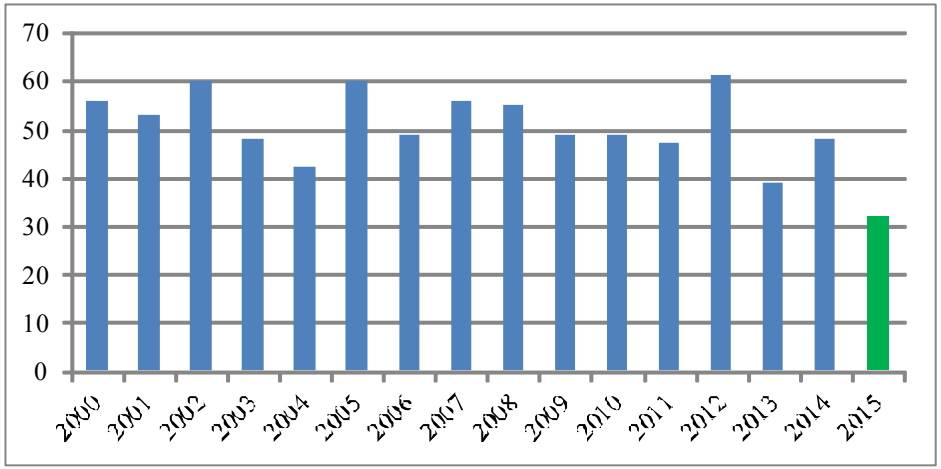
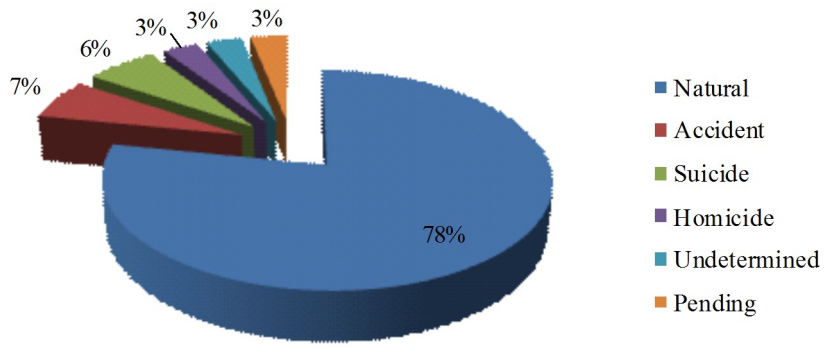


Table 1: 2015 Counts of Death by Manner and Age of Death

Manner of Death	<1 Year	1-4 Years	5-9 Years	10-14 Years	15-17 Years	Total
Natural	18	2	0	1	4	25
Accident	1	0	0	0	1	2
Suicide	0	0	0	1	1	2
Homicide	1	0	0	0	0	1
Undetermined	0	0	1	0	0	1
Pending	0	0	0	1	0	1
Total	20	2	1	3	6	32

Figure 2: 2015 Percent of Death by Manner of Death



Sources: *Stark County Child Fatality Review data as of April 1, 2015; Ohio Department of Health Statewide Child Fatality Review data as of April 1, 2015.*

SUMMARY OF DEATHS 2011-2015

Table 2: Percent of Deaths 2011-2015

Manner of Death	Stark County	Ohio
Natural	74%	70%
Accident	12%	14%
Suicide	4%	3%
Homicide	4%	5%
Undetermined	5%	7%
Pending	< 1%	< 1%
Unknown	0%	1%

According to reports from the National Center for Review and Prevention of Child Deaths, there were 7,309 deaths of infants and children under the age of 18 across the state of Ohio between 2011-2015. Of these deaths, 226 were to Stark County children. **Table 2** to the left shows the Percentage of Deaths by Manner of Death for both our county and the state. **Figure 3** to the right depicts a breakdown of the manner of death from 2011-2015 for Stark County. As seen from this figure, natural deaths have consistently been the leading cause of death for Stark County children.

Figure 3: Manner of Death 2011-2015

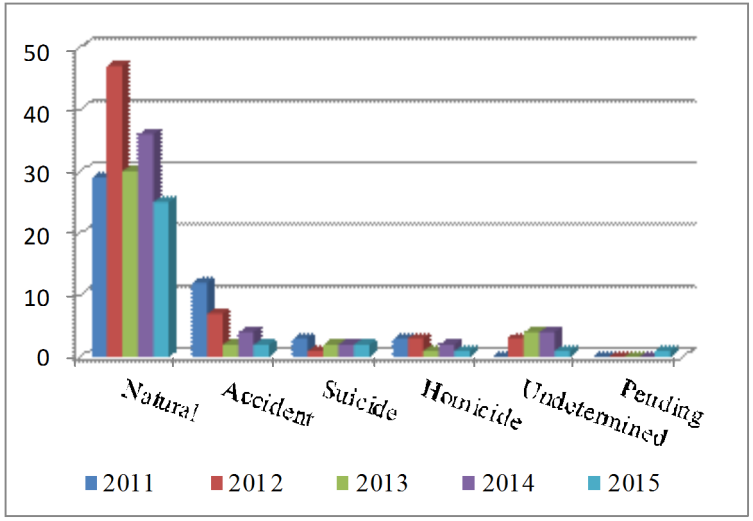
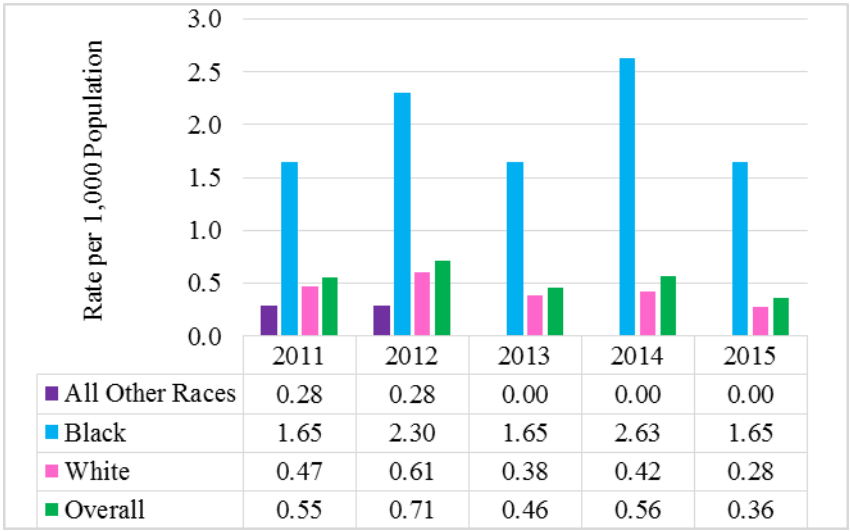


Figure 4: Stark County Child Fatality Rate 2011-2015



	2011	2012	2013	2014	2015
All Other Races	0.28	0.28	0.00	0.00	0.00
Black	1.65	2.30	1.65	2.63	1.65
White	0.47	0.61	0.38	0.42	0.28
Overall	0.55	0.71	0.46	0.56	0.36

For the five year range of 2011- 2015, 22% of those deaths reported were Black, African infants & children. When looking at this data, it is important to look at the rate per population to give us a better understanding of the severity of the racial disparity regarding childhood mortality. Although Black, children accounted for less than 1/4 of the deaths during this time frame, **Figure 4** to the left exhibits the drastic difference when those deaths are compared as a rate, indicating the black, death rate in blue and the white death rate in pink.

Table 3: Percent of Deaths 2011-2015 by Age Group

Age Group	Stark County	Ohio
< 1 Year	68%	67%
1-4 Years	10%	10%
5-9 Years	3%	5%
10-14 Year	7%	7%
15-17 Years	12%	10%
Unknown	0%	0%

Sources: *Stark County Child Fatality Review data as of April 1, 2015; Ohio Department of Health Statewide Child Fatality Review data as of April 1, 2015.*

Figure 5: Stark County Child Fatality Map 2011-2015

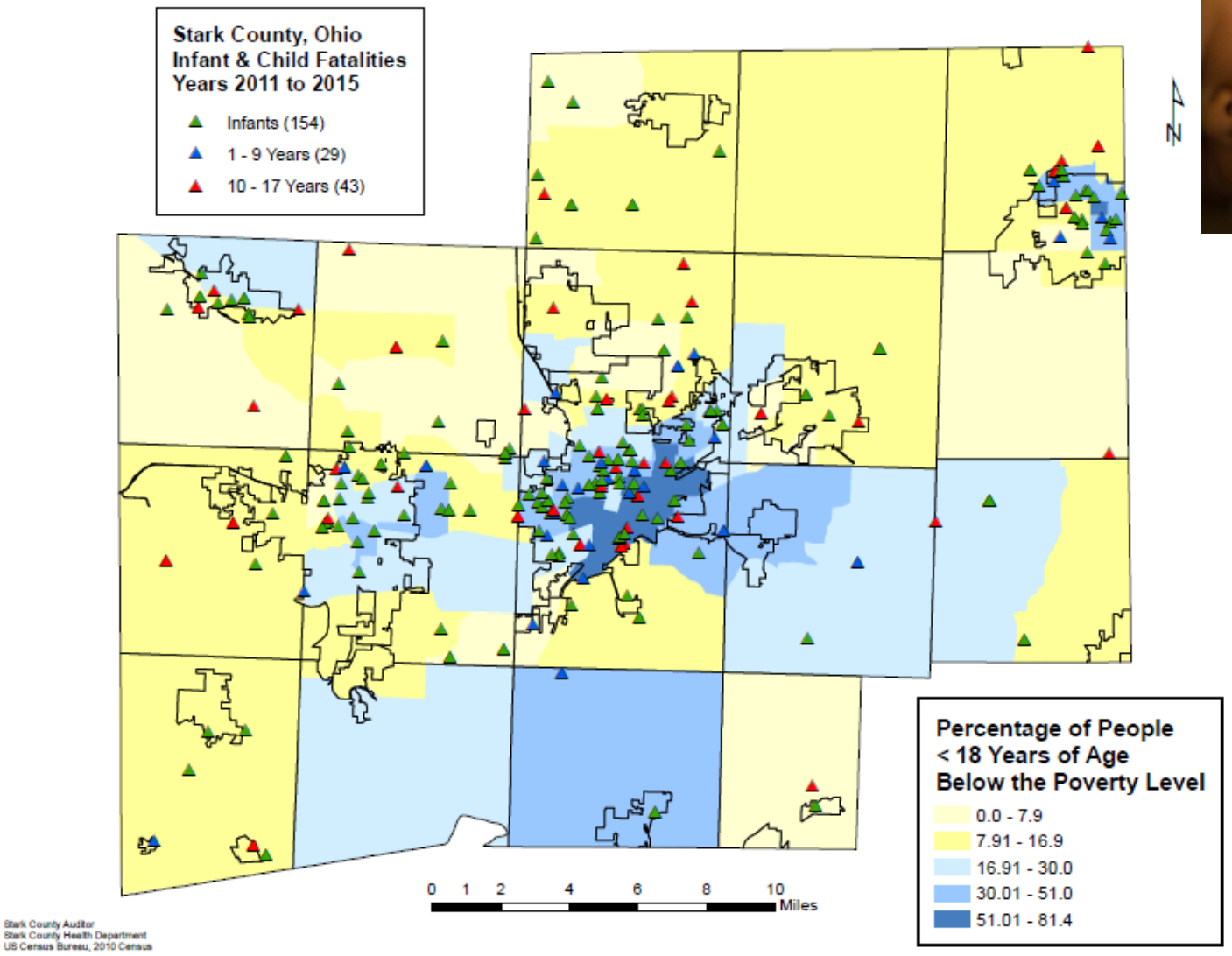


Figure 5 to the left shows the distribution of poverty and child fatalities in Stark County, Ohio for (2011-2015). As expected the highest mortality rates do correlate with the areas of higher population rates as well as the economic status of those areas. According to the US Census data from 2014, Stark County, Ohio has approximately 80,728 residents under the age of 18 of which 21.6% are living in poverty.

Sources: *US Census Quick Facts http://www.census.gov/quickfacts/table/PST045215/39151*

U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program.

Stark County Child Fatality Review data as of April 1, 2015

NATURAL DEATHS

Of the deaths occurring in 2015, 78% of were from natural causes. As usual, the majority of these natural deaths were to infants less than 1 year of age. This age group accounted for 72% of the 25 natural deaths. Natural deaths to infants will be reported in greater detail in the Infant Mortality section on pages 15-18 of this report.

Figure 6, to the right, shows the natural deaths by type. Prematurity was the leading cause of Natural deaths when all age groups are considered.

There were 7 natural deaths to children over one year of age, as shown in **Table 4**, below**.** Cardiovascular issues were the leading causes of natural deaths to children over one year of age during 2015.

Cardiovascular issues in children and adolescents, although unusual, can occur. Over the past fifteen years, there have been 63 infant and child deaths from cardiovascular causes. Twenty-four of these were to children over a year of age. These conditions may be due to diagnosed or undiagnosed structural defects in the heart such as abnormalities of the heart valves, blood vessels, or electrical system. They can also be due to a virus or infection. Congenital heart defects (CHD) are the most common type of birth defect. According to a study reported by the Centers for Disease Control and Prevention, there are about 1 million infants, children, and adolescents living with a CHD in the United States. As medical care and treatments are improving, children are living longer, healthier lives with these conditions. For further information and statistics on cardiovascular issues see: http://www.cdc.gov/ncbddd/heartdefects/data.html

Figure 6: 2015 Natural Deaths by Type

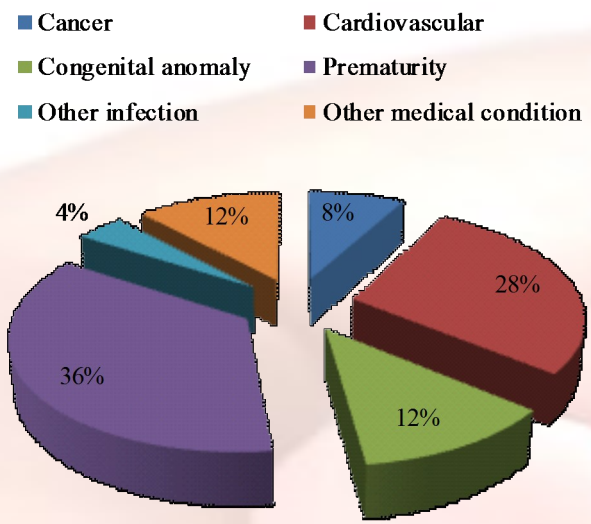


Table 4: Type of Natural death by age group

Cause	<1	1-4	5-9	10-14	15-17	Total
Cancer	0	0	0	0	2	**2**
Cardiovascular	3	1	0	1	2	**7**
Congenital anomaly	3	0	0	0	0	**3**
Prematurity	9	0	0	0	0	**9**
Other infection	1	0	0	0	0	**1**
Other medical condition	2	1	0	0	0	**3**
Sub Total	18	2	0	1	4	**25**

Sources: *Stark County Child Fatality Review data as of April 1, 2015; Ohio Department of Health Statewide Child Fatality Review data as of April 1, 2015.*

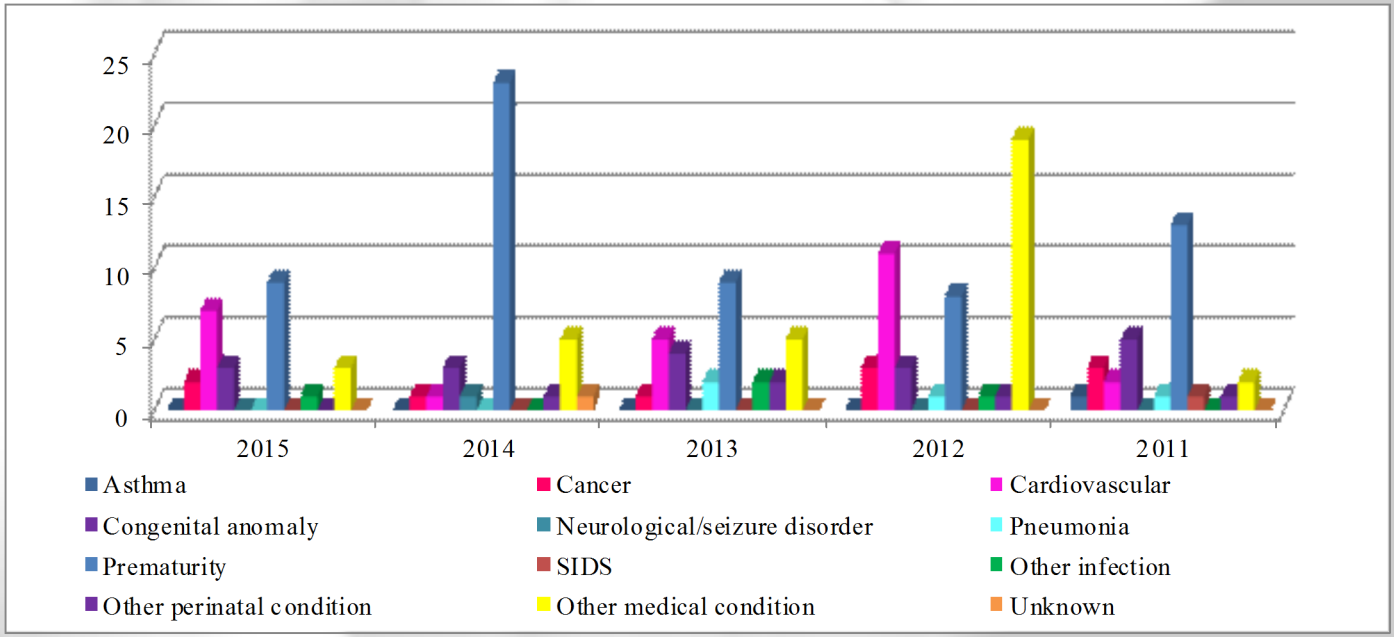
NATURAL DEATHS

Table 5: 2011-2015 Types of Natural Death

Type of Natural Death	Stark County	Ohio
Natural Deaths	**167**	**5143**
Any Injury	0.00%	0.29%
Asthma	0.59%	0.68%
Cancer	5.98%	4.88%
Cardiovascular	15.57%	5.50%
Congenital Anomaly	10.78%	17.62%
Influenza	0.00%	0.18%
Low Birth Weight	0.00%	0.14%
Malnutrition	0.00%	0.08%
Neurological	0.59%	2.51%
Pneumonia	2.40%	2.26%
Prematurity	37.13%	44.83%
SIDS	0.59%	1.36%
Other Infection	2.40%	3.27%
Other perinatal condition	2.99%	2.55%
Other medical condition	20.36%	11.59%
Undetermined cause	0.00%	0.21%
Unknown	0.59%	2.04%

Locally, and across the state of Ohio, it is seen that prematurity was the primary cause of natural deaths. **Table 5,** shows a comparison of deaths in Stark County to the rest of Ohio from 2011-2015. Depicted below in **Figure 7** are all the natural deaths from 2011-2015.

Figure 7: 2011-2015 Natural Deaths



Recommendations for prevention of Natural Deaths:

- Prevention recommendations will be discussed in the Infant Mortality Section of this report.

Sources: *Stark County Child Fatality Review data as of April 1, 2015; Ohio Department of Health Statewide Child Fatality Review data as of April 1, 2015.*

ACCIDENTAL DEATHS

During 2015, there were two accidental deaths. One from a motor vehicle accident and another from asphyxia, as shown in **Figure 8**. Over the past 5 years, 27 Stark County children have died from accidents. **Figure 9** shows the number of Stark County accidental deaths by cause. **Table 6** shows the percentage of accidental deaths for the most common causes for 2011-2015 for both Stark County and across the State of Ohio.

Figure 8: 2015 Accidental Deaths

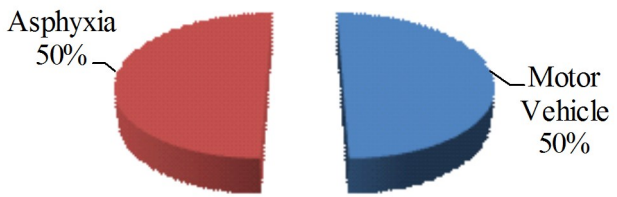


Figure 9: 2011-2015 Accidental Death by Cause

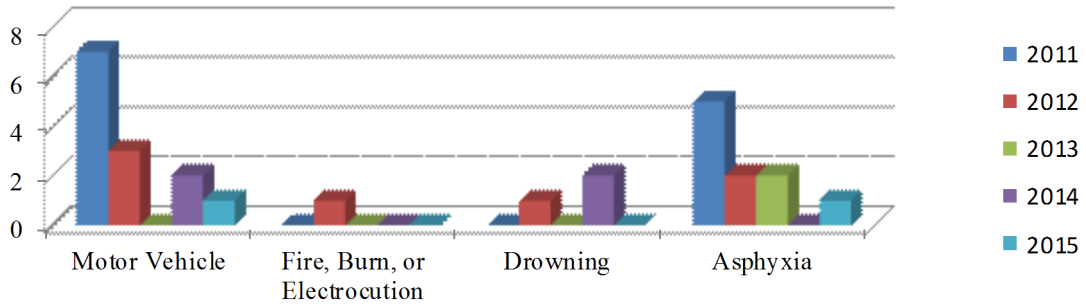


Table 6: 2011-2015 Types of Accidental Death

Type of Accidental Death	Stark County	Ohio
Motor Vehicle Accident	48.15%	35.73%
Fire, burn, or electrocution	3.70%	6.79%
Drowning	11.11%	13.77%
Asphyxia	37.03%	30.74%

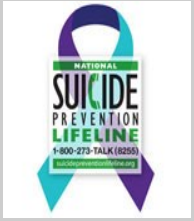
Recommendations for prevention of Accidental Deaths

- The board recommends the use of fire prevention education programs for children and families like those developed by the US Fire Administration and Safe Kids. The board also recommends that physicians counsel all patients about installing a properly working smoke detector on every level and in every sleeping area in their home, and the importance of developing an evacuation plan and discussing it with their children.
- Suffocation/asphyxia of an infant can occur when they are entirely contained within a sling. An infant may suffocate within minutes without proper airflow. Additionally, if the infant is in a chin to chest position, suffocation may occur due to occlusion of the airway. The board recommends parent education on the proper use of infant slings and wraps. The board advises parents and caregivers to read the 2011 report from the Consumer Product Safety Commission on the use of infant slings. Parent education should emphasize that parents using slings should be sure they can see the baby's entire face at all times. After nursing the baby, mothers should change the baby's position in the sling so that the infants face is at or above the rim. The board urges parents of premature infants, low-birthweight infants and those with respiratory problems to consult with their pediatrician prior to using an infant sling.

Sources: *Stark County Child Fatality Review data as of April 1, 2015; Ohio Department of Health Statewide Child Fatality Review data as of April 1, 2015.*

SUICIDE

There were two suicide deaths in 2015. One death occurred in the 10-14 year old age range and the other death occurred in the 15-17 year old age range. Since 2011, there has been a total of 10 suicide deaths in Stark County (4% of total deaths in the five year period), compared to the state of Ohio which had 255 (3% of the total deaths in the five year period). Of the two suicides in 2015, both were due to asphyxia. According to the Suicide Awareness Voices of Education, many suicidal children and adolescents have clinical depression alone or in conjunction with another mental illness.



According to the *2014 Stark County Suicide Report*, the rate of suicide in Stark County has been increasing over the past fourteen years, going from 9.9 per 100,000 in 2000 to 15.2 in 2014. Although this is a rate of all individuals regardless of age it is indicative of a larger problem in our community. The Stark County Suicide Prevention Coalition has worked hard since its inception in 2003, to reduce the rate of suicide in our county through community-wide suicide prevention seminars, wellness campaigns, and a 5k run for suicide prevention. For further information about the risk factors and warning signs of suicide or other suicide prevention resources, please log onto Stark County Mental Health and Addiction Recovery website at: http://starkmhar.org/prevention-resources/suicide-prevention-coalition/ or call one of the following numbers for emergency assistance

- **Crisis Hotline** anytime at 330-452-6000 or
- **National Suicide Prevention Lifeline** anytime at 1-800-273-TALK (8255) or
- **Domestic Violence help line** anytime at 330-453-SAFE (7233) or
- **Crisis Text Line** for ages 13-25. Text 4hope to 741-741 anytime

Recommendations for prevention of Suicide Deaths:

- The board recommends the use of evidence based youth suicide prevention programs in Stark County Schools such as Lifelines, SOS Signs of Suicide, Kognito, CAST, or LEADS for Youth (Linking Education and Awareness of Depression and Suicide). The board also recommends that schools have a policy/procedure and follow-up plan to assure that those students who are found to be at risk for suicide receive the appropriate assessment/ intervention. In addition, the board recommends that youth who are treated for depression should have access to counseling services. All parents and caregivers of youth should be advised to store all weapons and medication safely, especially those with youth in treatment for depression.

Sources: *Stark County Child Fatality Review data as of April 1, 2015; Ohio Department of Health Statewide Child Fatality Review data as of April 1, 2015; 2014 Stark County Suicide Report– Stark MAR*

HOMICIDE

There was only one homicide death in Stark County in 2015. As seen in **Table 7** below, between 2011-2015 there were a total of ten homicides across Stark County by age group. These 10 deaths accounted for 4% of the total deaths during this time frame. Preliminary data from the State of Ohio for the same time frame shows a total of 331 homicide deaths. (5% of the total deaths). U.S. Department of Health and Human Services Administration for Children and Families Bureau published the Child Abuse and Neglect Fatalities 2013: Statistics and Interventions Report in April 2015 which estimated that nationally 1,520 children died from abuse and neglect in 2013. Using these estimates an average of four children die every day from abuse or neglect across the US.
To view the report log onto: https://www.childwelfare.gov/pubPDFs/fatality.pdf

Table 7: Homicides by Age Group, Stark County, 2011-2015

Homicide 2011-2015	<1 year	1-4 years	5-9 years	10-14 years	15-17 years	Total
Any Medical Cause	1	0	0	0	0	1
Asphyxia	0	1	0	0	0	1
Weapon	1	3	1	0	3	8
Subtotal	2	4	1	0	3	10

Recommendations for prevention of Homicide Deaths:

- The board recommends a gun lock-up prevention program that encourages firearm owners to store firearms safely by locking them up so there is no access to them.
- Statistics show that most often the perpetrators of violent acts against children are either the child's father or their mother's boyfriend. Two major risk factors for children to experience this type of violence include: low-income single-parent families experiencing major stressors and lack of suitable childcare.

Sources: *Stark County Child Fatality Review data as of April 1, 2015; Ohio Department of Health Statewide Child Fatality Review data as of April 1, 2015; U.S. Department of Health and Human Services Administration for Children and Families Bureau published the Child Abuse and Neglect Fatalities 2013: Statistics and Interventions Report*

SLEEP RELATED DEATHS

Sleep related deaths can include deaths from asphyxia or Sudden Infant Death Syndrome (SIDS). The most common cause of infant sleep related deaths is asphyxia. For the first time in over 10 years there were no sleep related deaths during 2015. From 2011-2015 there have been 15 total sleep related deaths in Stark County of children under the age of one. Nine of these deaths were due to asphyxia. **Table 8** shows the factors contributing to the death and the age of the child for sleep related deaths. In May of 2015, ORC 3701.66 and 3701.67 were enacted mandating state wide Safe Sleep Education. According to the laws the following facilities are now required to distribute safe sleep education materials to clients:

- Childbirth educators and the staff of OB/GYN offices, pediatric physician offices, and freestanding birth centers
- Staff of the Help Me Grow program
- Every childcare facility operating in Ohio
- Public children services agencies

Recommendations for Prevention of Sleep Related Deaths:

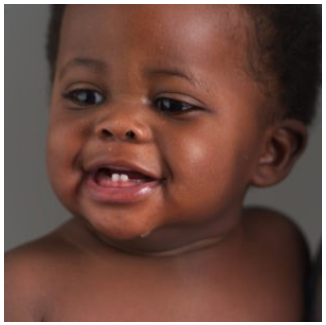
- The board supports the Stark County Safe Sleep Task Force in their efforts to educate parents and caregivers about safe sleep practices.
- The board recommends that all community agencies adopt the Ohio Department of Health's Policies on Infant Safe Sleep and Infant Feeding.
- The board recommends safe sleep education for new mothers in the hospital prior to discharge.
- The board supports the Cribs for Kids Program available locally.

Table 8: Factors Contributing to Sleep Related Deaths, Stark County, 2011-2015

Contributing Factor	0-1 Months	2-3 Months	4-5 Months	6-7 Months	8-11 Months
Deaths Reviewed	5	5	4	0	1
Not in a crib or bassinette	5	3	4	0	1
Not sleeping on back	2	3	2	0	1
Unsafe bedding or toys	0	0	0	0	0
Sleeping with other people	5	2	2	0	1
Obese adult sleeping with child	0	0	0	0	0
Adult was alcohol impaired	0	0	0	0	0
Adult was drug impaired	0	0	0	0	0
Caregiver/Supervisor fell asleep while bottle feeding	0	1	0	0	0
Caregiver/Supervisor fell asleep while breast feeding	1	0	0	0	0

Sources: *Stark County Child Fatality Review data as of April 1, 2015; Ohio Revised Code 3701.66 and 3701.67*

FEATURED SECTION: INFANT MORTALITY



What is Infant Mortality Rate?

Infant Mortality is the death of an infant before his/her first year of life. According to the Centers for Disease Control and Prevention, over 23,000 infants died in the U.S. in 2014. These deaths are upsetting to both the families who experience them and to us as a nation. The Healthy People 2020 Infant Mortality rate goal is 6.0. In 2015, Stark County beat the HP2020 goal, but only for white infants. Black infants die at more than three times the rate of white infants, and this disparity continues even though the infant mortality rate has continued to decline in Stark County. **Table 9 & Figure 10** below shows the Stark County Infant Mortality Rate by race for the years 2011- 2015 according to Child Fatality Review Data.

Table 9: Infant Mortality

2015 Stark Overall IMR	2015 Stark Non-Hispanic White IMR	2015 Stark Non-Hispanic Black IMR	2015 ODH Overall IMR Goal	Stark 5 year average infant birth count	Stark 5 year average infant death count	Stark 5 year average Non-Hispanic White infant birth count	Stark 5 year average Non-Hispanic Black infant birth count	Stark 5 year average other infant birth count	Stark 5 year average Hispanic infant death count
4.5*	3.89 *	10.82*	6.0	4168	31	3511	472	127	97

*2015 rate. 5 year average calculated with 2011 through 2015 data. 2015 data is preliminary from Ohio Department of Health in the table above.

Figure 10: Infant Mortality Rate, by Race, Stark County, 2011-2015)

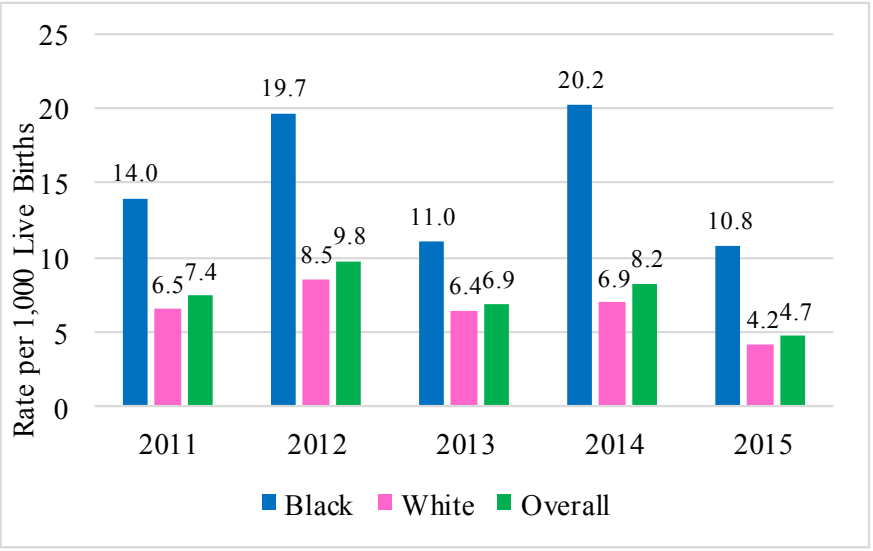


Figure 10: Note: Infant deaths falling into *All Other Race* category suppressed due to extremely low numbers.

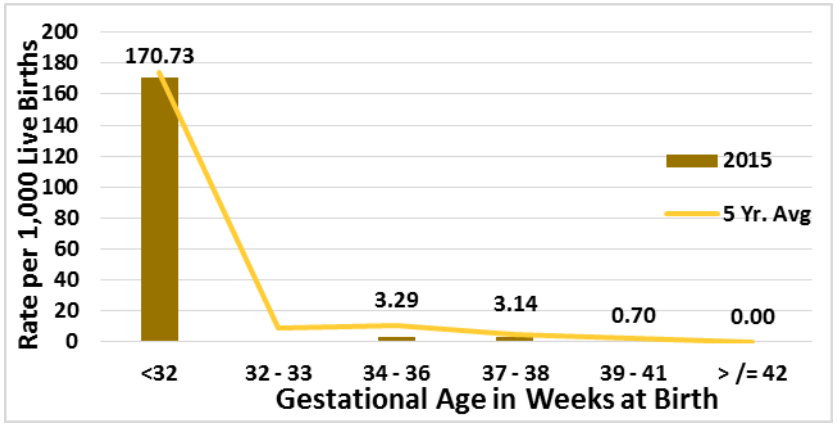
There were 20 Stark County Infant Deaths in 2015

- 0 (0%) mothers were 19 years of age or younger
- 14 (70%) were less than 2,500 grams
- 7 (35%) mom's participated in WIC program during their pregnancy
- 11 (55%) were receiving assistance through the Medicaid system
- 15 (75%) were less than 37 weeks gestation
- 5 (25%) were born at 24 weeks gestation or less
- 7 (35%) died in the first 24 hours of life
- 15 (75%) died in the first 28 days of life
- 7 (35%) mothers had late (>6 months) or no prenatal care

Sources: *Stark County Child Fatality Review data as of April 1, 2015; Ohio Department of Health Statewide Child Fatality Review data as of April 1, 2015.*

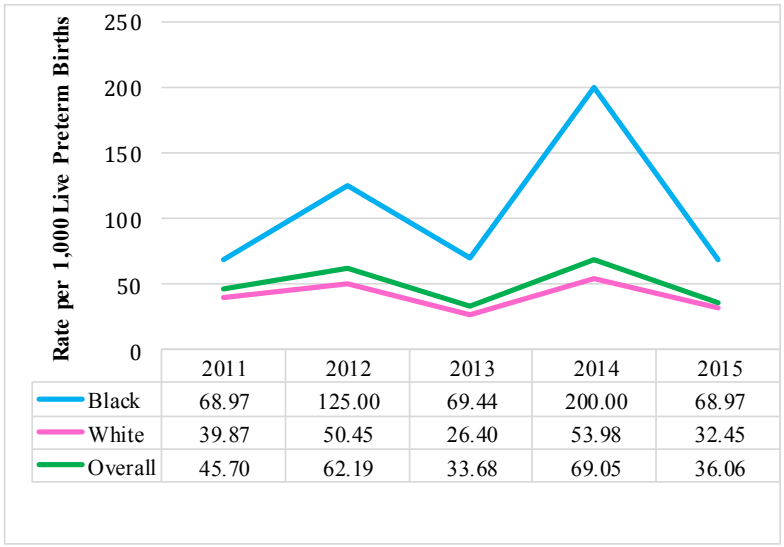
FEATURED SECTION:INFANT MORTALITY

Figure 11: Infant Mortality Rate by Gestational Age with 5 year Average Rate, Stark County, 2015



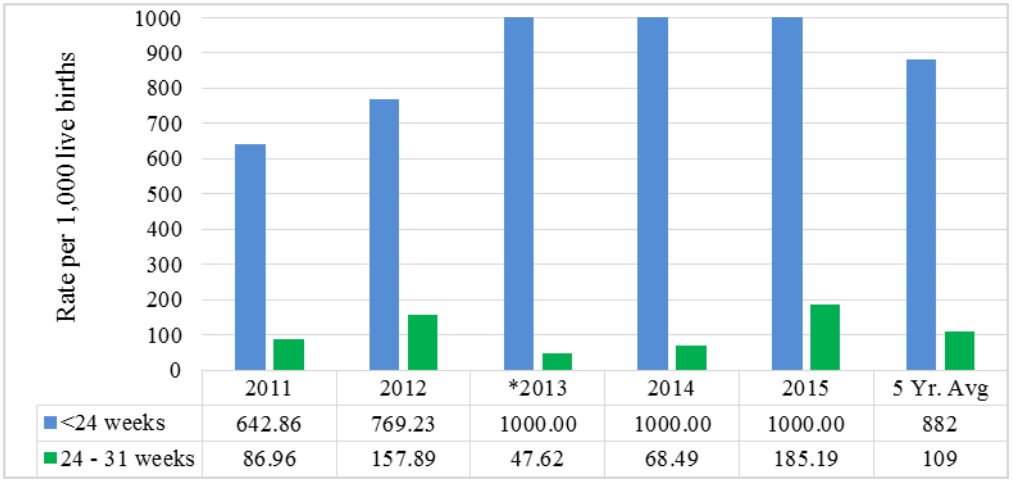
A preterm birth is defined as any baby born before the 37 week gestation mark. Preterm birth is a leading cause of infant mortality. In Stark County, the infant mortality rate due to prematurity for black infants is more than twice that of white infants.

Figure 12: Infant Mortality Rate Due to Prematurity (<37 weeks), by Race, Stark County, 2011-2015



	2011	2012	2013	2014	2015
Black	68.97	125.00	69.44	200.00	68.97
White	39.87	50.45	26.40	53.98	32.45
Overall	45.70	62.19	33.68	69.05	36.06

Figure 13: Infant Mortality Rate by Gestational Age, Specific to <32 Weeks, Stark County, 2011-2015



	2011	2012	*2013	2014	2015	5 Yr. Avg
<24 weeks	642.86	769.23	1000.00	1000.00	1000.00	882
24 - 31 weeks	86.96	157.89	47.62	68.49	185.19	109

*2013 <24 week data reports more death certificates issued than birth certificates. Data was manipulated to match by reducing the number of deaths to match the number of births. However, it was not determined if the registered death certificates belong to the registered birth certificates.

Sources: *Stark County Child Fatality Review data as of April 1, 2015; Ohio Department of Health Statewide Child Fatality Review data as of April 1, 2015.*

Canton-Stark County THRIVE (Toward Health Resiliency for Infant Vitality and Equity)

Wouldn't it be amazing if in Stark County, Ohio — a county with bustling cities, quaint Midwestern towns, rolling farmland and suburban neighborhoods known as the home to the Pro Football Hall of Fame, the National First Ladies' Library, William McKinley Presidential Library and Museum, Historic Canton Palace Theatre, Canton Classic Car Museum and MAPS Air Museum—that all babies could celebrate their first birthdays?

In 2013, Stark County — became part of a state-wide initiative to advance equity in birth outcomes. The initiative calls on Toward Health Resiliency for Infant Vitality and Equity (THRIVE), the countywide infant mortality coalition, to select, implement, and evaluate a data-informed birth outcome equity project. THRIVE is a public – private partnership comprised of agencies, organizations, and community members dedicated to implementing targeted interventions for the purpose of reducing the rate of infant mortality and health disparities in Stark County.

The "Big Picture" – Stark County – Our Infant Mortality and Health Disparity

- Stark County is Ohio's 8th largest county by population (375,165).
- Canton is the largest city in the county with a population of 72,297.

Median Household Income	% below Poverty Level	% without High School Diploma
Canton – $29,980	Canton – 32%	Canton – 16%
Stark County – $46,290	Stark County – 15%	Stark County – 10%
Ohio – $48,849	Ohio – 16%	Ohio – 11%

Source: US Census 2014 population estimate

- The 2014 Infant Mortality Rate (IMR) for Stark County is 8.2, higher than Ohio's IMR of 6.9, and greater than the national rate of 5.96 (2013).
- Stark County's Disparity rate is 3.0. In Stark County, black infants die at three times the rate of white infants. (IMR White = 6.7; IMR Black = 20.2) (2014).
- The Ohio Department of Health has set an Infant Mortality Rate goal of 6.0 mirroring the Healthy People 2020 goal.

In Stark County, for every one white baby who dies before its first birthday three black babies die!

STARK COUNTY'S "HOT SPOTS"

Stark County has three major cities – where a higher percentage of racial and ethnic populations reside that are disproportionately affected by poor health outcomes. They are Canton (pop. 72,297), Massillon (pop. 32,183) and Alliance (pop. 22,213).

THRIVE's efforts are primarily focused in the following zip codes: 44601, 44646, 44647, 44702, 44703, 44704, 44705, 44707, and 44714.

These areas can be characterized as having:

- A higher percentage of racial and ethnic populations who are disproportionately affected by poor health outcomes
- An average high school graduation rate of 82.6% (2013)
- Over 85% of children living in poverty
- A population largely of the working poor with low paying jobs and limited or no health insurance
- Designation as a food desert
- Little to no health care providers within its boundaries
- Disproportionately elevated levels of crime and poverty

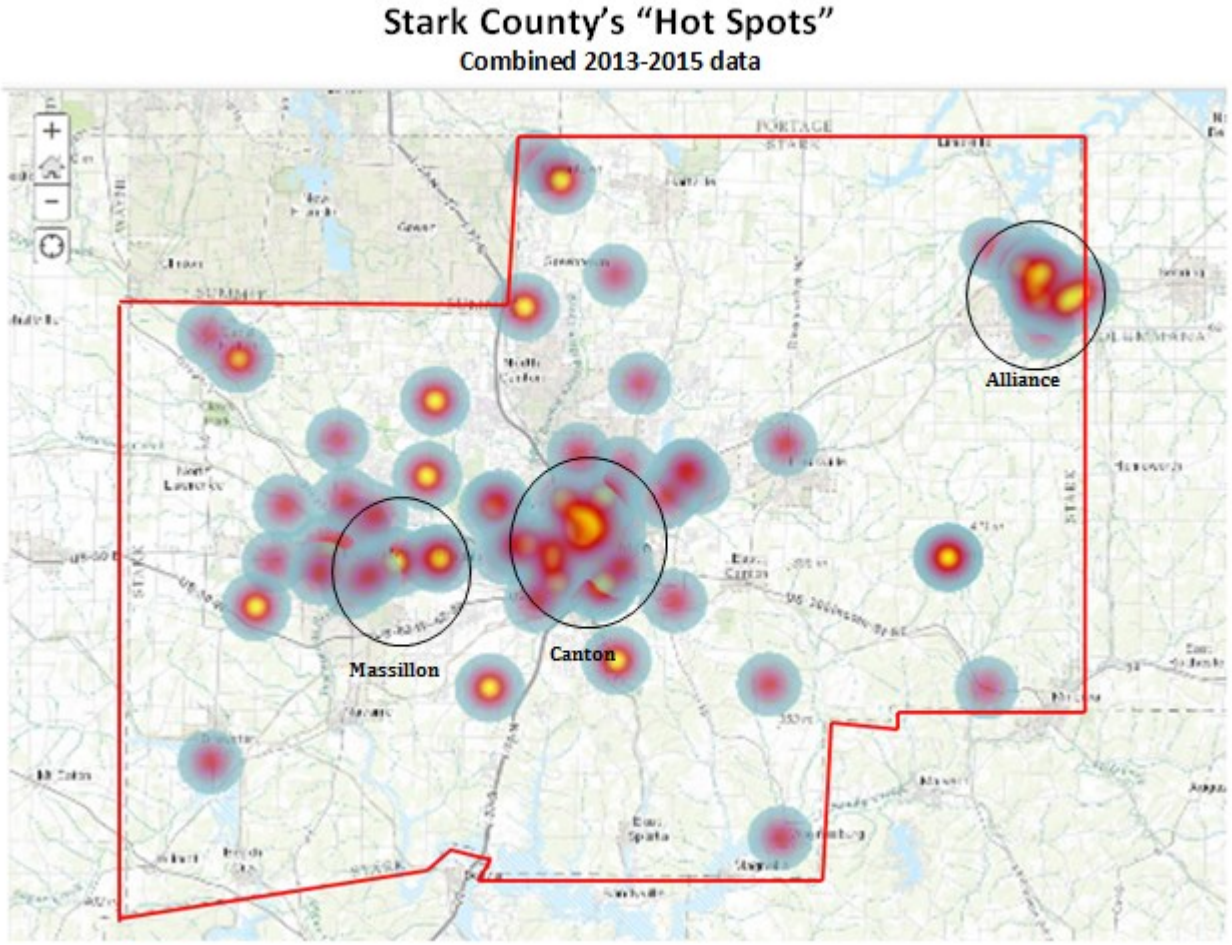
Sources:

U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, County Business Patterns, Economic Census, Survey of Business Owners, Building Permits, Census of Governments

Ohio Department of Health

Stark County Vital Statistics

Figure 14: Infant Mortality Hot Spots, Stark County, 2013-2015



What is THRIVE Doing?- Our Interventions

Safe Sleep

CenteringPregnancy® Group Prenatal Care with Care Coordination

Fetal Infant Mortality Review

- Establishing community outreach and care coordination in the zip codes with worst birth outcomes.
- Creating awareness about Stark County's infant mortality and disparity rates.
- Expanding community partnerships and regional collaborations.
- Developing organizational and grassroots community-based partnerships to address the health and social determinants of health impacting women of childbearing age focusing on African American women.
- Helping women obtain early prenatal care including CenteringPregnancy® as well as traditional one-on-one care.
- Promoting and educating parents, caregivers, first responders, residents on safe sleep practices and policy integration.
- Promoting women's health before, during, and after pregnancy.

SUCCESSES

- Created alignment between Fetal Infant Mortality Review and Child Fatality Review Committees and processes to improve efficiencies in data collection.
- In hospitals, established safe sleep policies, modeling behavior, and audited personnel practices; implemented training for new parents prior to discharge.
- Secured United Way, March of Dimes, and local foundation and hospital funding to support the THRIVE project and community based programming.
- Facilitated pregnant women into prenatal care and other needed social service supports using THRIVE community care coordinator.
- Engaged with faith community through THRIVE outreach coordinator to establish point of referral for pregnant women to receive prenatal and support services.

FEATURED SECTION:INFANT MORTALITY

Recommendations for Prevention of Infant Deaths:

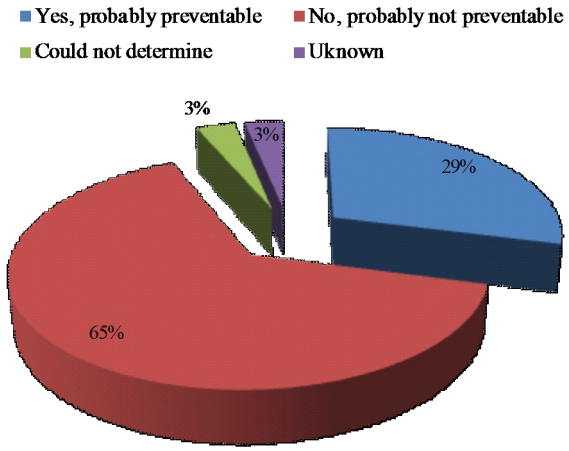
- The board recommends early and comprehensive prenatal care for all pregnant women. Prenatal care delivery utilizing the "Centering Pregnancy" model is encouraged.
- The Board recommends that physician's offices encourage women of child bearing age to participate in smoking cessation programs such as: the BABY& ME-Tobacco Free Program. The board also recommends for local OB/GYN offices to implement smoking cessation programs in their offices such as the Ohio Smoke Free Families-5 A's smoking cessation program. Further information regarding the two programs mentioned above can be found at www.odh.ohio.gov/
- The Board recommends that physicians offices educate families about the importance of proper birth spacing between pregnancies. Birth Spacing is the amount of time between one live birth and the next. Research has shown that a time frame of less than 18 months between live births can have a negative effect on the health of both mom and baby.
- The Board recommends that physicians follow the American College of Obstetricians and Gynecologists recommendations for sexually transmitted disease testing during pregnancy. Tests routinely recommended during early pregnancy include: Hepatitis B, HIV, syphilis, and chlamydia. Testing for Hepatitis C and gonorrhea are recommended if risk factors are present. Re-testing for syphilis and chlamydia during the 3rd trimester is recommended for women younger than 25 and those with risk factors.
- The Board recommends community based programs to address the racial disparities of infant mortality across Stark County such as the Keep Our Babies Alive program at the Stark County Health Department.
- The Stark County Child Fatality Review Board supports the efforts and initiatives being implemented by T.H.R.I.V.E. For further information regarding T.H.R.I.V.E. log onto the project's website at https://sites.google.com/a/cantonhealth.org/stark-county-equity-institute/
- The Board recommends all physicians' offices (including Pediatricians) educate families about the need for females 15 years of age and older to take folic acid daily. Folic acid is helpful in the development of new cells not only those of a developing fetus but those new cells that our body develops daily such as hair, skin, and nails.
- The Board recommends all physician's help their female patients to develop a reproductive life plan. This personalized plan is centered on a woman's dreams and goals for the future, helping her to appropriately prevent pregnancy when she is not ready, and take control over what she chooses to do when it comes to her health.
- The Board recommends that physicians follow the guidelines set forth by the American College of Obstetrics and Gynecologists (ACOG's) for Group B Strep testing during the prenatal period. This bacterial infection can be passed onto the infant causing a serious and occasionally life threatening infection. Pregnant women should be tested between 35 and 37 weeks gestation. If tested prior to this time frame it is recommended that the mother be tested again during the 35 to 37 week gestation time frame. Both rectal and vaginal cultures are recommended.

PREVENTABILITY OF DEATHS

Child deaths are often regarded as an indicator of the health of a community. While mortality data provide us with an overall picture of child deaths, it is from a careful study of each and every child's death, that we can learn how best to respond to these events and how to prevent another. Our CFR board attempts to accomplish this by identifying the circumstances and the factors that lead to these childhood deaths and by determining if it could have been prevented. Eventually, the CFR board separates the deaths into four categories: 1) Yes, probably preventable, 2) No, probably not preventable , 3) Could not determine or 4) Unknown.

Of the 31 deaths in 2015, 65% of the deaths were determined to not be preventable, 29% were probably preventable, 3% could not be determined, and 3% were unknown.

Figure 15: Preventability of Deaths, Stark County, 2015



Public Health
Prevent. Promote. Protect.

The Stark County Health Department and the Stark County Child Fatality Review Board would like to thank you for taking the time to read this report and for taking an interest in the health and welfare of the children who reside in Stark County, Ohio. Through the implementation of the recommendations mentioned in this report, it is our hope that we can stop many of these preventable deaths to infants and children from occurring.

STARK COUNTY CHILD FATALITY REVIEW BOARD MEMBER ORGANIZATIONS

STARK COUNTY
Mental Health &
Addiction Recovery

PROTECTING HEALTH
SINCE 1920

STARK COUNTY
JOB & FAMILY
SERVICES

POLICE
CANTON, OHIO

Public Health
Prevent. Promote. Protect.
CANTON CITY
HEALTH DEPARTMENT

CANTON
FIRE DEPT.
OHIO

STARK COUNTY
SHERIFF'S OFFICE
Sheriff George T. Maier

SMHA
STARK METROPOLITAN HOUSING AUTHORITY

The Stark County Coroner